Name in Full: Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Denton — County: Caroline

Date of death: Month: Feby — Day: 16 — Year: 1904 — Age: Years: — Months: — Days: 3

Sex: Male — Color or Race: White — Birthplace: Denton Md

Occupation: Infant — Where Residing if not at place of death: Denton Md

Married, Single or Widowed: S — Name of Wife or Husband: —

Father's Name: Arthur Anderson — Father's Birthplace: Maryland

Mother's Maiden Name: Rachael Jester — Mother's Birthplace: Maryland

Name of person giving Imformation: Arthur Anderson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Weakness — How long: 8 days

Immediate: Exhaustion — How long: Few hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Enoch George M D

Address: Denton Caroline Co Maryland

Accident or Suicide? —

LIBRARY BUREAU A85015

Name in Full: Sarah E. Blackiston

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Denton; County: Caroline

Date of death: Month: July; Day: 17; 1904; Age: Years: 74; Months: —; Days: 9

Sex: Female; Color or Race: White; Birthplace: Maryland

Occupation: House Keeper; Where Residing if not at place of death: Denton Md

Married, Single or Widowed: Widow; Name of Wife or Husband: Henry Blackiston

Father's Name: William Shaw; Father's Birthplace: Maryland

Mother's Maiden Name: Martha Eagel; Mother's Birthplace: "

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Name of person giving Imformation: Mrs Jennie Sparks; How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetes; How long: 3 years

Immediate: Exhaustion; How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Enoch George M D

Address: Denton Caroline Co Md

Accident or Suicide? —

LIBRARY BUREAU A8S816

Name in Full: Rachel Booth

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Denwood — County: Caroline

Date of death 1904: Month: Feb — Day: 6 — Age: Years: about 94 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Kent Co. Del.

Married, Single or Widowed — Occupation: House

Name of Wife or Husband: John Booth

Father's Name — Father's Birthplace

Mother's Maiden Name: Nancy Meredith — Mother's Birthplace: Del

Name of person giving Information: Undertaker — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility - old age — How long: 4 or 5 days

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A6881B

Name in Full: Henry Cannell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sawyard — County: Carroll

Date of death: Month: Feby — Day: 9th — 1904 — Age: Years: 66 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Emaly Hopkins

Father's Name: Josiah Cannell — Father's Birthplace: —

Mother's Maiden Name: Letitia Andrew — Mother's Birthplace: —

Name of person giving Imformation: Rd. Cannell — How related to deceased: Nephew

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ruptur Blod vessel in brain (Paralysis) — How long: Immediate

Immediate: Exhaustion — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A. Johnson

Address: Eastn Md

~~Accident or Suicide~~?

LIBRARY BUREAU A88316

Name in Full: Henry C Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Denton — County: Caroline

Date of death: Month: Feb — Day: 21 — 1904

Age — Years: 63 — Months: 11 — Days: —

Sex: Male

Color or Race: White

Birthplace: Del

Occupation: Farmer

Where Residing if not at place of death: Denton Md

Married, Single or Widowed: Widower

Name of Wife or Husband: Mary Elizabeth

Father's Name: George Fisher

Father's Birthplace: Del

Mother's Maiden Name: Mary Jones

Mother's Birthplace: Md

Name of person giving Imformation: P R Fisher

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia (93)

How long: 9 days

Immediate: Heart failure & Exhaustion

How long: Sudden

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Enoch Geo M D

Address: Denton Caroline Co Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Jessie Fluharty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: American Corn. County: Caroline

Date of death: Month: Feb. Day: 14 Years: Age 19 Months: Days:

Sex: Female Color or Race: White Birthplace: Md.

Occupation: Where Residing if not at place of death:

~~Married~~, Single ~~or Widowed~~ Name of Wife or Husband:

Father's Name: Matthew Fluharty Father's Birthplace: Md.

Mother's Maiden Name: Amanda Turner Mother's Birthplace: Md

Name of person giving Imformation: Orem Fluharty How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption How long: a year

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Dudderar

Address: Fowling Creek Md.

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Mrs Margaret Toff

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Denton; County: Caroline

Date of death: 1904 Month: Feb Day: 20 - Age: Years: 74 Months: Days:

Sex: Woman Color or Race: White Birthplace:

Occupation: Farmers Wife Where Residing if not at place of death: at Home

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Imformation: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

90.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma How long: for years

Immediate: Bronchitis How long: three weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Alfx. Handcastle M.D

Address: Denton Maryland

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Kenneth H. Greene

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) near Preston (County) Caroline

Date of death 1904 (Month) 7th (Day) 12 (Age: Years) 4 (Months) — (Days) 13

Sex: Male | Color or Race: Black | Birthplace: Maryland

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: — | Name of Wife or Husband: —

Father's Name: Kola Jones | Father's Birthplace: Maryland

Mother's Maiden Name: Eliza Catherine Greene | Mother's Birthplace: Maryland

Name of person giving Information: Grandfather | How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia | How long: 2 weeks

Immediate: Meningitis | How long: 1 week

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Noble

Address: Preston Md.

Accident or Suicide?

LIBRARY BUREAU A65316

Name in Full: Joseph L. Griffith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Denton — County: Caroline

Date of death 1904 — Month: 2 — Day: 17 — Age: Years 61 — Months 6 — Days 12

Sex: Male — Color or Race: white — Birthplace: Delaware

Occupation: Farmer. — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband: Molly Griffith

Father's Name: Lloyd Griffith — 39. — Father's Birthplace: x

Mother's Maiden Name: Jane Davis — Mother's Birthplace: ?

Name of person giving Imformation: Molly Griffith — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of face. — How long: 9 months

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes Sir

Signature of Physician: J. E. Mendenhall

Address: Denton Maryland

Accident or Suicide?

LIBRARY BUREAU Adjust

Name in Full: Mrs Annie M Horsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Denton — County: Caroline

Date of death: Month: Feby — Day: 21 — Year: 1904 — Age: Years: 5 2 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: Denton Md

Married, Single or Widowed: Married — Name of Wife or Husband: John H Horsey

Father's Name: William Pennington — Father's Birthplace: Maryland

Mother's Maiden Name: Frances Pennington — Mother's Birthplace: Maryland

Name of person giving Imformation: John H Horsey — How related to deceased: Husband

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Obstruction of Bowel — How long: 3 days

Immediate: Heart failure — How long: Short time

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Enoch George M D

Address: Denton Caroline Co Md

Accident or Suicide? —

LIBRARY BUREAU A88810

Name in Full: Susan Keuck

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Maryad. County: Carolina

Date of death: Month: Feb. Day: 22 Year: 1904

Age: Years: 62 Months: Days:

Sex: Female Color or Race: White Birthplace: Delawar

Occupation: House Keeper Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: John. Keuck

Father's Name: Thos. Kilen Father's Birthplace: Delawar

Mother's Maiden Name: Nandy Kilen Mother's Birthplace: "

Name of person giving Imformation: David. Taylor How related to deceased: Son2nlaw

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia How long: one week

Immediate: " How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: J. H. Smith M.D.

Address: Tompsville Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: William Montague

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Denton — County: Caroline

Date of death 1904 — Month: Feb — Day: 28

Age — Years: 72 — Months: 11 — Days: 16

Sex: Male

Color or Race: White

Birthplace: Denton

Married, Single or Widowed: Widower

Occupation: Miller

Name of Wife or Husband: Mary Ann

Father's Name: Fetch Montague

Father's Birthplace: Denton

Mother's Maiden Name: Becka

Mother's Birthplace: Denton

Name of person giving Information: Julia Seine 177

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

How long

Immediate: Dropsy

How long: 4 Months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Alf. Hardcastle

Address: Denton Maryland

Accident or Suicide?

LIBRARY BUREAU AGESIE

Name in Full: Washington C. Moore

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marydel, Md. County: Caroline

Date of death 1904: Month: Feb. Day: 5th

Age: Years: 64 Months: — Days:

Sex: Male

Color or Race: White

Birthplace: New Jersey

Occupation: Basket-Maker

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband:

Father's Name: Enoch Moore

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Wife

How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Endocarditis — How long:

Immediate: Heart failure — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. W. R. Corse

Address: Templeville, Md.

Accident or Suicide?

LIBRARY BUREAU A30618

Name in Full

Certificate of Death

Chas E Newcomb

Died at Town: Preston County: Caroline In a MARYLAND

Date 189 4 Month: Feb Day: 21 | Age Y. 60 M. D. | Native of Md | Occupation Labor

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | Widow Widower | Divorced | Number of children living

Husband Wife of Hester Newcomb | 10.

Father's Name Henry Newcomb | Mother's Name

Cause of Death: Primary Grip | How long sick 4 Months

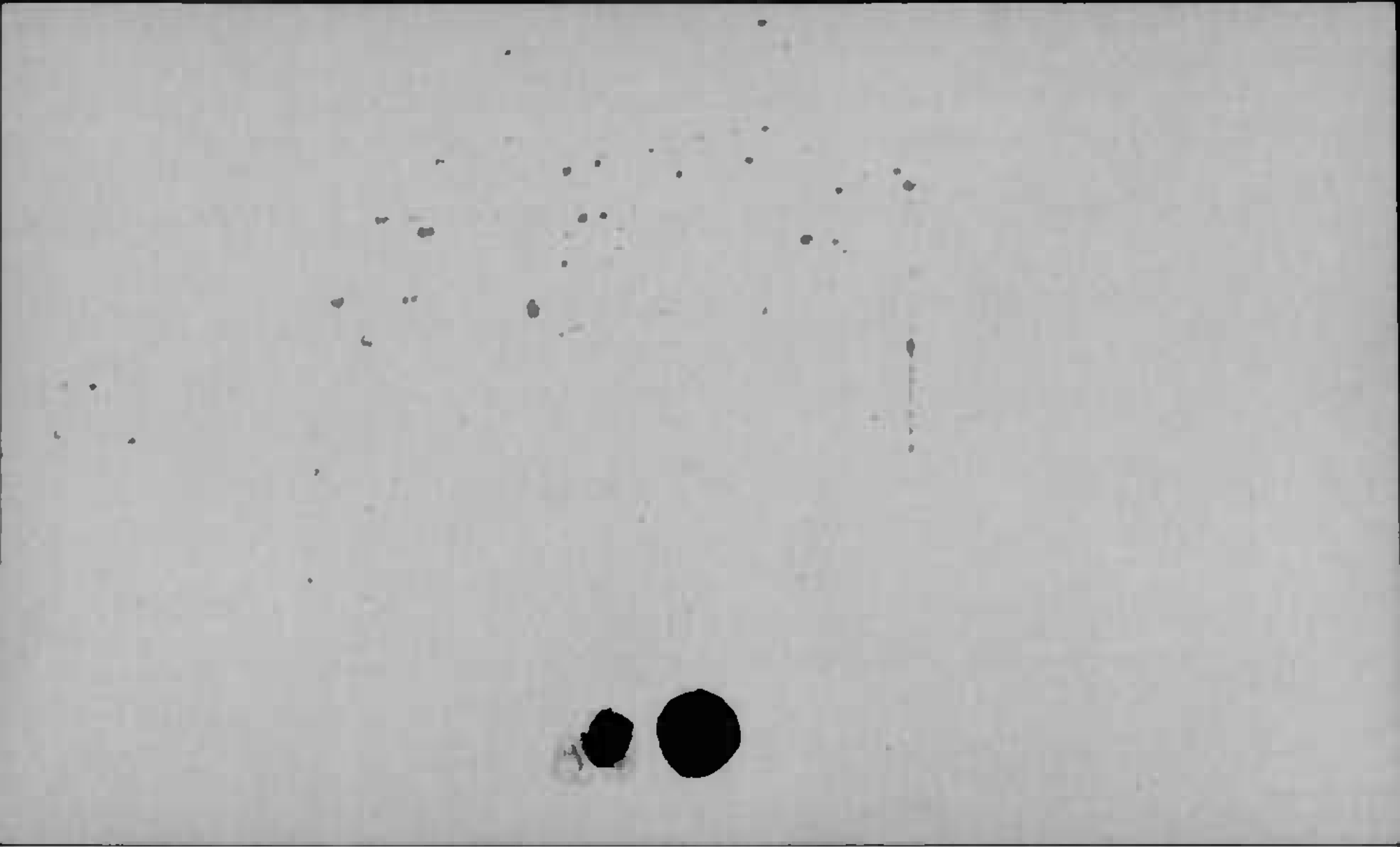
Immediate | Accident, Suicide, Homicide

Reported by Mrs J Wallis Md

Address Preston Caroline Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65868



Name in Full: Mrs. Pearson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Hunderson — County: Caroline

Date of death: 1904 — Month: 2 — Day: 24 — Age: Years: 87 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Delaware

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: John Travers — Father's Birthplace: Delaware

Mother's Maiden Name: Isabel Travers — Mother's Birthplace: Delaware

Name of person giving Imformation: James Tilbet — How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: apoplexy — How long: 2 weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. R. Smith M.D

Address: Templeville Md.

Accident or Suicide?

LIBRARY BUREAU A86518

Name in Full: William John Stanley Salisbury

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hickman — County: Caroline

Date of death 1904: Month: Feb. — Day: 21 — Age: Years: 2 — Months: 5 — Days: 21

Sex: Male — Color or Race: Black — Birthplace: Md.

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: William E. Salisbury — Father's Birthplace: Md.

Mother's Maiden Name: Annie Fisher — Mother's Birthplace: Md.

Name of person giving In formation: Annie Fisher — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 10 da.

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color date and place correctly given above: They are

Signature of Physician: Jas. H. Ward.

Address: Andersontown Md

Accident or Suicide?

LIBRARY BUREAU A88218

Name in Full — Certificate of Death

Daisy Mary Sharp

Died at — Town: Newton — County: Caroline — MARYLAND

Date 1900 — Month: Feb — Day: 23 — Age: Y. 16 M. D. — Native of: Md. — Occupation: —

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — Widow / Widower — Divorced — Number of children living: 10

Husband of / Wife

Father's Name: Francis Sharp — Mother's Maiden Name: Susan Smith

Cause of Death — Primary: La Grippe — How long sick: 3 Weeks

Immediate — Accident, Suicide, Homicide

Reported by: J. L. Nobles M.D.

Address: Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70868

Name in Full: Mary J. Sadler

CERTIFICATE OF DEATH

MARYLAND

Died near Town: Henderson County: Caroline

Date of death 1904 Month: Feb Day: 13 Years: 23 Months: — Days: —

Sex: Female Color or Race: Black Birthplace:

Occupation: Housework Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of ~~Wife or~~ Husband: Mitchell Sadler

Father's Name: Joseph Gibbs Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Mrs 93 How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 9 days

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Hyt B Powe

Address: Templeville, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Robert Kemp Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Denton; County: Caroline

Date of death: Month: Febry; Day: 28; Year: 1904; Age: 64 Months — Days —

Sex: Male; Color or Race: White; Birthplace: Delaware

Occupation: Merchant; Where Residing if not at place of death: Denton Md

Married, Single or Widowed: Married; Name of Wife or Husband: Sarah A Purnell

Father's Name: James J Williams; Father's Birthplace: Delaware

Mother's Maiden Name: Elizabeth Purnell; Mother's Birthplace: Maryland

Name of person giving Imformation: Wesley Williams; How related to deceased: Brother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetes; How long: 8 months

Immediate: Exhaustion; How long: a few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eurole Gurgerald

Address: Denton Caroline Co Md

Accident or Suicide? no

LIBRARY BUREAU A88616

Name in Full: John Wesley Wortes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Denton — County: Caroline

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	12	2	Age 66		

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer. — Where Residing if not at place of death:

Married, Single or ~~Widowed~~ — Name of Wife or Husband:

Father's Name: Thomas Wortes — Father's Birthplace:

Mother's Maiden Name: Debie Ross — Mother's Birthplace:

Name of person giving Imformation: 93. — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long:

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. N. Nichols M.D.

Address: Denton Md.

Accident or Suicide?

LIBRARY BUREAU A88018